

**NHSC Provider Recognition Program**  
**Length of Service Awards**  
Cover Sheet

Candidate's Name: \_\_\_\_\_  
Social Security # \_\_\_\_\_

Name of Award:

\_\_\_\_\_ NHSC Exceptional Service Award (5 Years)  
\_\_\_\_\_ NHSC Exceptional Service Award (10 Years)  
\_\_\_\_\_ NHSC Exceptional Service Award (15 Years)  
\_\_\_\_\_ NHSC Honorary Service Award (20+ Years)

Profession:

\_\_\_\_\_ Physician: Specialty: \_\_\_\_\_  
\_\_\_\_\_ Nurse Practitioner: Specialty: \_\_\_\_\_  
\_\_\_\_\_ Certified Nurse Midwife  
\_\_\_\_\_ Physician Assistant  
\_\_\_\_\_ Dentist  
\_\_\_\_\_ Dental Hygienist  
\_\_\_\_\_ Mental Health Provider  
\_\_\_\_\_ Clinical Psychologist  
\_\_\_\_\_ Clinical Social Worker  
\_\_\_\_\_ Psychiatric Nurse Specialist  
\_\_\_\_\_ Marriage and Family Therapist

Affiliation: \_\_\_\_\_ NHSC Scholarship Recipient  
\_\_\_\_\_ NHSC Loan Repayment Recipient  
\_\_\_\_\_ Community Scholarship Program Recipient  
\_\_\_\_\_ State Loan Repayment Program Recipient

Position Title: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Proposed Citation: \_\_\_\_\_  
(25 words or less) \_\_\_\_\_  
\_\_\_\_\_

Nominated By: \_\_\_\_\_ Date: \_\_\_\_\_  
Nominator's Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Nominator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# NHSC Provider Recognition Program Length of Service Award

## Nomination Form

Candidate's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Original Site: (Name and Address of site where provider completed his/her service obligation).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Second Site: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Third Site: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Fourth Site: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Total Years of Service: \_\_\_\_\_

Please note: Total years of service must include years of service commitment.

Fax to Ralph Rack 301-594-4077 or

Mail to NHSC/PSB

5600 Fishers Lane, Room 8 A-55, Rockville, MD 20857